

ADDRESS CHANGE FORM

Instructions: To ensure that you receive the most up-to-date and accurate benefits information and other company communications, it is important that you maintain current address information on file with Hanford Benefits Administration at all times. To update your address information, complete all information on the form below and return it to the address listed at the bottom of the form.

Status:

☐ Retired ☐ Inactive ☐ Other (*Specify*):

Name (Last, First, M.I.):

HID Number or Social Security Number:

NEW MAILING ADDRESS INFORMATION

Street Address:

Apartment Number:

City:

State:

Zip Code + 4 Digit:

Country:

Home Phone:

Cell Phone:

E-Mail Address:

Signature:

Print First and Last Name

Signature / Date

COMPANY CONTACT INFORMATION

E-Mail: Benefits-HEWT@rl.gov (*Off-site*)
[^Benefits-HEWT](#) (*On-site*)

Web Site: www.hanford.gov/hr/

Return Completed Form To:

Hanford Mission Integration Solutions
Benefits Administration
P.O. Box 943, H2-23
Richland, WA 99352-9923